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Approved for use through 1/31/2007. OMB 0951-0025.
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/589,376			Filing Date 08/14/2006		To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OR		HER THAN ALL ENTITY	
FOR			NUMBER FI	LED	NUMBER EXTE	MBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A	N/A		N/A]	N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A			N/A			N/A		
EXAMINATION FEE (37 CFR 1.16(a), (p), or (q))			N/A		N/A			N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			mir	nus 20 = *				x \$ =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			m	inus 3 = *				x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sh	eets of pap \$250 (\$125 ditional 50	wings exceed cation size fee tity) for each ction thereof. 37 CFR 1.16	e due See								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		1	TOTAL		
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY													
AMENDMENT	09/10/2009	CLAIMS REMAINING AFTER AMENDMEN	т	HIGHEST NUMBER PREVIOUSI PAID FOR	PRESI LY EXTE			RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	• 13	Minus	~ 20	= 0			x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 3	Minus	 3	= 0			x \$ =		OR	X \$220=	0	
M	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
L		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSI PAID FOR	R PRESI			RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Z.	Total (37 CFR 1,16(i))		Minus	**	=			x \$ =		OR	x \$ =		
AMENDMENT	Independent (37 CFR 1,16(h))	*	Minus	***				x \$ =		OR	x \$ =		
Ш	Application Size Fee (37 CFR 1.16(s))]				
ΑN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** 11	" if the entry in column 1 is less than the entry in column 2, write "o'in column 3. " if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is orquired by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USPTO to process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. 1 this collection is estimated to take 12 minutes to complete, encluding pathening, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.